

1211

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.  
V. S. No. 2

ARIZONA STATE BOARD OF HEALTH			
BUREAU OF VITAL STATISTICS			
ORIGINAL CERTIFICATE OF BIRTH			
1. County of <u>Tuma</u>		State Index No. <u>371A</u>	
District of _____		County Registrar No. _____	
Town of _____		Local Registrar No. _____	
or _____		St. _____ Ward _____	
City of <u>Tucson, Ariz.</u> No. _____ birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Oliver Nelson</u> If child is not yet named, make supplemental report, as directed.			
3. Sex of Child <u>♂</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____
6. Legitimate? <u>Yes</u>		7. Date of birth <u>Dec 7 1924</u> Month day year	
8. FATHER Full name <u>Thomas L. Nelson</u>		14. MOTHER Full maiden name <u>Alice A. Kimball Nelson</u>	
9. Residence (Usual place of abode) <u>Tucson, Ariz.</u> If nonresident, give place and state <u>R.F.D. #2 Box 23</u>		15. Residence (Usual place of abode) <u>Tucson, Ariz.</u> If nonresident, give place and state <u>R.F.D. #2 Box 23</u>	
10. Color or race <u>N</u>	11. Age at last birthday <u>30</u> (Years)	16. Color or race <u>N</u>	17. Age at last birthday <u>24</u> (Years)
12. Birthplace (city or place) <u>Chihuahua, Mex.</u> (State or country)		18. Birthplace (city or place) <u>Salt Lake City, Utah</u> (State or country)	
13. Occupation <u>Farmer</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at _____ m. on the date above stated. (Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>John J. Butler</u> (Physician or midwife)	
Given name added from _____		Address <u>Tucson, Ariz.</u>	
a supplemental report _____		Local Registrar. _____	
Month, day, year.		County Registrar. _____	
Registrar. <u>655-1207-123</u>		Filed <u>3/30</u> , 19 <u>25</u> Filed APR <u>1925</u>	